



MISSOURI DEPARTMENT OF

MENTAL
HEALTH



**FACILITY DESIGNEE MANUAL
FOR
CIVIL INVOLUNTARY DETENTION**

DIVISION OF
COMPREHENSIVE PSYCHIATRIC SERVICES

August 2009




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INTRODUCTION

This Facility Designee Manual provides training for mental health facility designees involved in the civil involuntary detention process. It is designed as a training and reference manual for those who are designated by the head of the facility to initiate civil involuntary detention. Civil involuntary detention procedures for mental health are discussed. Definitions of important terms, procedural issues, timelines and the use of forms are explained. Citations and references from the *Revised Statutes of Missouri (RSMo.)* are also included.

Additional information regarding civil involuntary detention can be found in the Reference Guide for Civil Involuntary Detention and in the Reference Guide for Civil Involuntary Detention Forms available on the Department of Mental Health website at <http://www.dmh.mo.gov/cps/facts/civil.htm>

Your local Probate Court may have procedures that differ from those in this Guide. In such cases, you should follow the directions of your local Probate Court. In all cases, the language of the statutes remains the final authority. This Guide is intended as a resource and should not be construed as legal advice.

96 HOUR CIVIL INVOLUNTARY COMMITMENT: OVERVIEW

A person who presents a likelihood of serious harm to self or others as the result of a mental disorder may be involuntarily detained for evaluation and treatment at a mental health facility recognized by the Department of Mental Health.

Facility-Based Civil Commitment

This Manual will focus on commitment procedures that occur when a person who demonstrates an imminent likelihood of serious harm to self or others as the result of a mental disorder presents to a recognized facility. That person may be involuntarily detained upon application by a professional who has been designated by the head of the facility and approved by the Department of Mental Health through training provided by the local Access Crisis Intervention (ACI) provider.

Community-Based Civil Commitment

A person in the community and not present at a recognized facility can be civilly committed by the Probate Court or by an imminent harm application completed by a Peace Officer. See the Reference Guide for Civil Involuntary Detention for a discussion of these types of commitments.

MENTAL HEALTH PROFESSIONALS WHO MAY BECOME FACILITY DESIGNEES

The following professionals must be designated by the head of the facility and approved by the Department of Mental Health to complete imminent harm applications. Facility designees are approved by the Department of Mental Health after the designee has received training on civil involuntary detention procedures.

Mental health professional:, a psychiatrist, resident in psychiatry, psychologist, psychiatric nurse or psychiatric social worker **632.005(13)**

Psychiatrist: a licensed physician who in addition has successfully completed a training program in psychiatry approved by the American Medical Association, the American Osteopathic Association or other training program certified as equivalent by the department **632.005(19)**

Resident in psychiatry: a licensed physician who is in a training program in psychiatry approved by the American Medical Association, the American Osteopathic Association or other training program certified as equivalent by the department **632.005(21)**

Psychologist: a person licensed to practice psychology under chapter 337, RSMo, with a minimum of one year training or experience in providing treatment or services to mentally disordered or mentally ill individuals **632.005(20)**

Psychiatric nurse: a registered professional nurse who is licensed under chapter 335, RSMo, and who has had at least two years of experience as a registered professional nurse in providing psychiatric nursing treatment to individuals suffering from mental disorders **632.005(17)**

Licensed professional counselor: a person licensed as a professional counselor under chapter 337, RSMo, and with a minimum of one year training or experience in providing psychiatric care, treatment, or services in a psychiatric setting to individuals suffering from a mental disorder **632.005(9)**

Psychiatric social worker: a person with a master's or further advanced degree from an accredited school of social work, practicing pursuant to chapter 337, RSMo, and with a minimum of one year training or experience in providing psychiatric care, treatment or services in a psychiatric setting to individuals suffering from a mental disorder **632.005(18)**

Licensed physician: a physician licensed pursuant to the provisions of chapter 334, RSMo, or a person authorized to practice medicine in this state pursuant to the provisions of section 334.150 RSMo **632.005(8)**

Registered professional nurse: a registered professional nurse who is licensed under chapter 335, RSMo

96 HOUR MENTAL HEALTH FACILITY DESIGNEE COMMITMENT

If a person at a mental health facility presents an imminent likelihood of serious harm due to a mental disorder such that the person must be immediately detained, a professional designated by the head of the facility and approved by the Department of Mental Health (facility designee) may complete an **application for imminent harm admission** (*DMH 132 Application Imminent Harm*) and an **affidavit** alleging under oath (*DMH 142 Affidavit*) that the person suffers from a mental disorder and presents an imminent likelihood of serious harm. The facility designee must also provide a **list of witnesses** (*DMH 137 List of Witnesses*) who will be providing affidavits or testifying.

The facility designee must be designated by the head of the facility and must be a licensed physician, mental health professional (psychiatrist, resident in psychiatry, psychologist, psychiatric nurse, licensed professional counselor or psychiatric social worker) or registered professional nurse. Facility designees are approved by the Department of Mental Health after the designee has received training on civil involuntary detention procedures (see previous section on Facility Designees).

Forms

Completed by the facility designee (see section on Forms).

DMH 132 Application Imminent Harm
DMH 142 Affidavit
DMH 137 List of Witnesses

632.305.4. If a person presents himself or is presented by others to a mental health facility and a licensed physician, a registered professional nurse or a mental health professional designated by the head of the facility and approved by the department for such purpose has reasonable cause to believe that the person is mentally disordered and presents an imminent likelihood of serious harm to himself or others unless he is accepted for detention, the licensed physician, the mental health professional or the registered professional nurse designated by the facility and approved by the department may complete an application for detention for evaluation and treatment for a period not to exceed ninety-six hours. The application shall be based on his own personal observations or investigation and shall contain the information required in subsection 1 of this section.

See definitions for **mental disorder** and **likelihood of serious harm**.

96 HOUR MENTAL HEALTH COMMITMENT: VOLUNTARY CLIENT REQUESTING RELEASE

If a person voluntarily admitted at a mental health facility requests release and, in the opinion of the head of the facility presents a likelihood of serious harm due to a mental disorder, the head of the facility may refuse the request for release and a professional designated by the head of the facility and approved by the Department of Mental Health (facility designee) may complete an **application for detention of a voluntary patient requesting release** (*DMH 133 Application Voluntary Patient Requesting Release*) and an **affidavit** alleging under oath (*DMH 142 Affidavit*) that the person suffers from a mental disorder and presents an imminent likelihood of serious harm. The facility designee must also provide a **list of witnesses** (*DMH 137 List of Witnesses*) who will be providing affidavits or testifying. The facility designee must be designated by the head of the facility and must be a licensed physician, mental health professional (psychiatrist, resident in psychiatry, psychologist, psychiatric nurse, licensed professional counselor or psychiatric social worker) or registered professional nurse. Facility designees are approved by the Department of Mental Health after the designee has received training on civil involuntary detention procedures (see previous section on Facility Designees).

Forms

Completed by the facility designee (see section on Forms).

DMH 133 Application Voluntary Patient Requesting Release
DMH 142 Affidavit
DMH 137 List of Witnesses

632.150. 1. A voluntary patient who has applied for his own admission may request his release either orally or in writing to the head of the mental health facility and shall be released immediately; except, that if the head of the facility determines that he is mentally disordered and, as a result, presents a likelihood of serious physical harm to himself or others, the head of the facility may refuse the request for release.

2. If the request for release is refused, the mental health facility may detain the person only if a mental health coordinator, a licensed physician, a registered professional nurse designated by the facility and approved by the department, a mental health professional or a peace officer completes an application for detention for evaluation and treatment to begin the involuntary detention of the patient under this chapter.

See definitions for **mental disorder** and **likelihood of serious harm**.

96 HOUR MENTAL HEALTH COMMITMENT: DEFINITIONS

Mental Disorder

any organic, mental or emotional impairment which has substantial adverse effects on a person's cognitive, volitional or emotional function and which constitutes a substantial impairment in a person's ability to participate in activities of normal living 630.005(22)

Likelihood of Serious Harm

means any one or more of the following but does not require actual physical injury to have occurred:

(a) A substantial risk that serious physical harm will be inflicted by a person upon his own person, as evidenced by recent threats, including verbal threats, or attempts to commit suicide or inflict physical harm on himself. Evidence of substantial risk may also include information about patterns of behavior that historically have resulted in serious harm previously being inflicted by a person upon himself;

(b) A substantial risk that serious physical harm to a person will result or is occurring because of an impairment in his capacity to make decisions with respect to his hospitalization and need for treatment as evidenced by his current mental disorder or mental illness which results in an inability to provide for his own basic necessities of food, clothing, shelter, safety or medical care or his inability to provide for his own mental health care which may result in a substantial risk of serious physical harm. Evidence of that substantial risk may also include information about patterns of behavior that historically have resulted in serious harm to the person previously taking place because of a mental disorder or mental illness which resulted in his inability to provide for his basic necessities of food, clothing, shelter, safety or medical or mental health care; or

(c) A substantial risk that serious physical harm will be inflicted by a person upon another as evidenced by recent overt acts, behavior or threats, including verbal threats, which have caused such harm or which would place a reasonable person in reasonable fear of sustaining such harm. Evidence of that substantial risk may also include information about patterns of behavior that historically have resulted in physical harm previously being inflicted by a person upon another person; 632.005(10)

GUIDELINES FOR COMPLETING APPLICATIONS

- *DMH 128* is the Application used for mental health and alcohol and drug 96 hour involuntary commitments in probate court.
- *DMH 132* is the Application used by facility designees or peace officers for 96 hour imminent harm commitments for mental health and alcohol and drug.
- *DMH 133* is the Application used by facility designees for a voluntary client requesting release.
- “RESPONDENT” means the person who is the subject of the involuntary detention proceedings.
- Begin your Application by providing identifying information about the respondent.
- Provide information that supports the belief that the respondent is mentally disordered or an abuser of alcohol or drugs or both.
- Provide information that supports the belief that the respondent presents a likelihood of serious harm.
- Summarize the information provided on the affidavits.
- The Application must state the facts, behaviors and beliefs that support the application.
- Witnessed behaviors should be included if possible.
- Peace Officer Applications are based on the officer's own personal observations or investigations.
- Attach the Affidavits (*DMH 142*) and the List of Witnesses (*DMH 137*).
- Write only on the front of the Application form.
- Applications must be notarized.
- The Application becomes part of the court file and medical record which are accessible to the individual if the individual requests to see it. There is no guarantee of confidentiality.
- Local courts may have other or additional requirements.

GUIDELINES FOR COMPLETING AFFIDAVITS

- *DMH 142* is the Affidavit used for mental health and alcohol and drug involuntary commitments and is executed under oath.
- “RESPONDENT” means the person who is the subject of the involuntary detention proceedings.
- Begin your Affidavit by identifying your relationship to the respondent.
- An Affidavit should address issues of mental disorder or alcohol/drug abuse and likelihood of serious harm
- Generally, an Affidavit should answer the questions: who, what, when, where, and how.
- Describe those behaviors and statements which suggest the person may be mentally disordered or an alcohol and/or drug abuser.
- Describe those behaviors and statements that suggest the person may be harmful to himself or others.
- Statements should be concise and to the point.
- Witnessed behaviors should be included if possible.
- Peace Officer Affidavits are based on the officer’s own personal observations or investigations.
- Write only on the front of the Affidavit form.
- Affidavits must be notarized.
- The Affidavit becomes part of the court file and medical record which are accessible to the individual if the individual requests to see it. There is no guarantee of confidentiality.
- Some probate courts may require more than one Affidavit in certain situations or may have other or additional requirements.

GUIDELINES FOR COMPLETING THE LIST OF WITNESSES

- *DMH 137* is the List of Witnesses used for mental health involuntary commitments.
- Provide the names, addresses and telephone numbers of prospective witnesses who executed an Affidavit, who may testify or who may have knowledge about the person referred for commitment.
- The name of the attorney who will represent the respondent does not need to be provided at the time the application is filed. This will be determined later and the List of Witnesses forwarded to the attorney. The person filing the Application does not need to be concerned about this.
- The List of Witnesses becomes part of the court file and medical record and is accessible to the individual if the individual requests to see it. There is no guarantee of confidentiality.
- Including someone on the List of Witnesses does not mean that person will have to complete an Affidavit or have to testify.
- Anyone not on the List of Witnesses may not be allowed to provide testimony.
- Local courts may have other or additional requirements.

ADMISSION OF 96 HOUR COMMITMENTS: INFORMATION PROVIDED AND TIME LIMITS

Within **3 hours** of arriving at a mental health facility, the person shall be given a copy of the **application for involuntary commitment** (*DMH 128, DMH 132 or DMH 133 Application*), the **notice of admission** (*DMH 138 Notice of Admission of Involuntary Patient*) which gives the date and time of the admission and the name of the attorney who will represent the person and the **notice of rights** (*DMH 145 Notice of Rights of Involuntary Patient*).

Within **3 hours**, if requested, the person shall also be given assistance in contacting the appointed or other attorney.

Within **3 hours** of arriving at a mental health facility the person shall be seen by a mental health professional or registered professional nurse.

Within **18 hours** of arriving at a mental health facility the person shall be examined by a licensed physician.

Within **24 hours** (excluding weekends and legal holidays) of a person's detention at a mental health facility, the head of the facility shall file with the court the **application for involuntary commitment** (*DMH 128, DMH 132 or DMH 133 Application*), the **notice of admission** (*DMH 138 Notice of Admission of Involuntary Patient*) and the **notice of rights** (*DMH 145 Notice of Rights of Involuntary Patient*) signed by the facility to prove the notice was given. Copies shall be provided to the probate court, the client, the client's attorney and the Department of Mental Health Central Office.

See the Reference Guide for Civil Involuntary Detention and the Reference Guide for Civil Involuntary Detention Forms for further discussion.

632.320. 1. Within three hours of the time at which the respondent arrives at a mental health facility he shall:

- (1) Be seen by a mental health professional or registered professional nurse; and
- (2) Be given a copy of the application for initial detention and evaluation, a notice of rights pursuant to section 632.325 and a notice giving the name, business address and telephone number of the attorney appointed to represent him; and
- (3) Be provided assistance in contacting the appointed attorney or an attorney of his own choosing, if so requested.

2. Within eighteen hours after the respondent arrives at the mental health facility, he shall be examined by a licensed physician.

632.315. Any mental health facility accepting a respondent pursuant to section 632.310 shall be furnished a copy of the application for initial detention and evaluation. If a person is involuntarily detained in a mental health facility pursuant to section 632.310, no later than twenty-four hours after his arrival, excluding Saturdays, Sundays and legal holidays, the head of the mental health facility or the mental health coordinator shall file with the court the application, a copy of the notice required by section 632.325 and proof that the notice was given. The person's designated attorney shall receive a copy of all documents. The head of the mental health facility shall send copies of all completed applications, whether accepted for admission or not, to the designated mental health coordinator for the region.

NOTICE OF RIGHTS

If the person is accepted for 96 hour detention at a mental health facility, the facility must provide the person with the **notice of rights** (*DMH 145 Notice of Rights of Involuntary Patient*) **within 3 hours of admission**. A staff member must have the person read the rights in the presence of the staff member, or the staff member must read the rights to the person and answer any questions of the person. The staff member must sign the form. These rights include notice that:

- (1) The person may be detained for ninety-six hours from the time of the initial detention to be evaluated and treated;
- (2) Within the ninety-six hours, the head of the mental health facility may file a petition to have the person detained for an additional period not to exceed twenty-one days, after a court hearing;
- (3) The person will be given a judicial hearing within two judicial days after the day the petition for additional detention is filed;
- (4) An attorney has been appointed who will represent the person before and after the hearing and who will be notified as soon as possible; provided, however, that the person also has the right to private counsel of the person's own choosing and own expense;
- (5) The person has the right to communicate with counsel at all reasonable times and to have assistance in contacting such counsel;
- (6) The purpose of the evaluation is to determine whether the person meets the criteria for civil detention and that anything the person says to personnel at the facility may be used in making that determination, may result in involuntary detention proceedings being filed against the person and may be used at the court hearing;
- (7) The person has the right to present evidence and to cross-examine witnesses who testify against the person at the hearing;
- (8) During the period prior to being examined by a licensed physician, the person may refuse medication unless the person presents an imminent likelihood of serious physical injury to self or others;
- (9) The person has the right to refuse medication except for lifesaving treatment beginning twenty-four hours prior to the hearing for twenty-one-day detention;
- (10) The person has the right to request that the hearing be held in his county of residence if the person is a resident of this state;
- (11) The person has the right to have an interpreter assist the person to communicate, at the facility or during the hearing, or both, if the person has impaired hearing or does not speak English.

See 632.325

ADDITIONAL INPATIENT DETENTION BEYOND 96 HOURS

Additional information regarding civil involuntary detention beyond 96 hours can be found in the Reference Guide for Civil Involuntary Detention and in the Reference Guide for Civil Involuntary Detention Forms.

EDUCATIONAL MATERIALS

Whenever a person who has been involuntarily committed to a mental health facility is discharged or allowed to sign in voluntarily, the person shall be provided a packet of educational material developed and supplied by the Department of Mental Health that describes symptoms of common mental illnesses and signs of decompensation. The packet shall include information about other resources, information about civil commitment and guardianship and a contact telephone number. This information is contained in the booklet: *Civil Detention Information: For Persons Detained To Mental Health Facilities and Programs* and is available for download from the Department of Mental Health website

<http://www.dmh.mo.gov/cps/facts/civil.htm>

LIABILITY

No liability for health care professionals, public officials and certain peace officers

632.440. No officer of a public or private agency, mental health facility or mental health program; no head, attending staff or consultant of any such agency, facility or mental health program; no mental health coordinator, registered professional nurse, licensed physician, mental health professional nor any other public official performing functions necessary for the administration of this chapter; no peace officer responsible for detaining a person pursuant to this chapter; and no peace officer responsible for detaining or transporting, or both, any person upon the request of any mental health coordinator pursuant to section 632.300 or 632.305 or acting pursuant to the request of a guardian who is acting pursuant to chapter 475, RSMo, or upon the request of the head of any supervisory mental health program who is acting pursuant to section 632.337, regardless of whether such peace officer is outside the jurisdiction for which he serves as a peace officer during the course of such detention or transportation, or both, shall be civilly liable for investigating, detaining, transporting, conditionally releasing or discharging a person pursuant to this chapter or chapter 475, RSMo, at or before the end of the period for which the person was

admitted or detained for evaluation or treatment so long as such duties were performed in good faith and without gross negligence.

No liability for petitioners

632.445. No person making or filing an application alleging that a person should be involuntarily detained, certified or committed, treated or evaluated pursuant to this chapter shall be rendered civilly or criminally liable if the application was made and filed in good faith.

FORMS

- | | |
|----------------|--|
| DMH 132 | Application for 96 Hour Imminent Harm Admission to Mental Health/Alcohol & Drug Abuse Facility <ul style="list-style-type: none">• Used to apply for 96 hour detention for mental health and alcohol and drug• Completed by Peace Officer or Facility Designee• Must have Affidavits (DMH 142) and Witness List (DMH 137) attached• Must be notarized• Presented to the Head of the Facility• Copies provided within 3 hours to the Client• Copies sent within 24 hours to the Probate Court in the county where the facility is• Copies to Medical Record, Client's Attorney, and Department of Mental Health |
| DMH 133 | Application for 96 Hour Detention, Evaluation, and Treatment/Rehabilitation of a Voluntary Patient Requesting Release <ul style="list-style-type: none">• Used to apply for 96 hour detention for mental health and alcohol and drug for a voluntary client who is requesting release• Completed by Facility Designee• Must have Affidavits (DMH 142) and Witness List (DMH 137) attached• Must be notarized• Presented to the Head of the Facility• Copies provided within 3 hours to the Client• Copies sent within 24 hours to the Probate Court in the county where the facility is• Copies to Medical Record, Client's Attorney, and Department of Mental Health |
| DMH 137 | List of Witnesses <ul style="list-style-type: none">• Completed for all 96 hour applications; Court DMH 128, Imminent Harm DMH 132, Voluntary to Involuntary DMH 133 and Petition DMH 143-1 for mental health and alcohol and drug• Completed by the applicant• Lists names, addresses and telephone numbers of any prospective witnesses• Presented to the Probate Court with a DMH 128 or DMH 134-1 Application• Presented to the Head of the Facility with a DMH 132 or DMH 133 Application• Copies to Medical Record, Client's Attorney, Prosecuting Attorney and Department of Mental Health• Court will serve the Client and the Client's Attorney with the List of Witnesses |
| DMH 142 | Affidavit in Support of Application for Detention, Evaluation and Treatment/Rehabilitation – <ul style="list-style-type: none">• Used to support an application (DMH 128, DMH 132, DMH 133) for 96 hour detention for mental health and alcohol and drug• Completed by any adult person• Describes the behavior that supports that the client presents a likelihood of serious harm as the result of mental disorder or alcohol or drug abuse• Must describe behavior that supports ① the presence of a mental disorder and ② the likelihood of harm as the result of the mental disorder• Must be notarized |

- Presented to the Probate Court with a DMH 128 Application
- Presented to the Head of the Facility with a DMH 132 or DMH 133 Application
- Copies sent within 24 hours to the Probate Court in the county where the facility is
- Copies to Medical Record, Client's Attorney, and Department of Mental Health

DMH 145

Notice of Rights of Involuntary Patient

- Presented to any person admitted for 96 hour detention for mental health and alcohol and drug
- Must be presented within to client 3 hours of admission
- Provided within 8 hours to guardian or with consent to family
- A staff member must have the client read the rights or must read the rights to the person
- The staff member must sign the form
- Copies sent within 24 hours to the Probate Court in the county where the facility is
- Copies to Medical Record, Client's Attorney, and Department of Mental Health



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH
**APPLICATION FOR 96 HOUR IMMINENT HARM ADMISSION
TO A MENTAL HEALTH OR ALCOHOL AND DRUG ABUSE FACILITY**

(A MENTAL HEALTH FACILITY/ALCOHOL OR DRUG ABUSE FACILITY)

The applicant is a _____ who may complete this application under Section 632.305.4, RSMo. or Section 631.120.1 RSMo.

The applicant herein states that _____ he has reason to believe that the respondent, _____, age _____, birthdate _____, gender ☐ Male ☐ Female, who resides at _____

STREET CITY COUNTY STATE ZIP CODE
is mentally disordered/abuses alcohol or drugs or both as defined by law and presents an imminent likelihood of serious harm to himself or others, and thus is in need of detention, evaluation and treatment/rehabilitation in a mental health/alcohol or drug abuse facility. Such belief is based upon the facts which have been derived from the applicant's personal observation and/or investigation.

1. The facts that support the applicant's belief that the respondent is mentally disordered/abuses alcohol or drugs or both are:

2. The facts that support the applicant's belief that the respondent presents an imminent likelihood of serious harm are:

Attached hereto and incorporated herein are the names and addresses of persons known to the applicant to have personal knowledge of said facts.

WHEREFORE, the applicant requests the mental health/alcohol or drug abuse facility to admit _____ for detention, evaluation and treatment/rehabilitation for a period not to exceed 96 hours pursuant to Chapter 632 RSMo. or Chapter 631, RSMo.

APPLICANT		DATE	
ADDRESS		TELEPHONE	
NOTARY PUBLIC EMBOSSEER OR BLACK INK RUBBER STAMP SEAL	STATE OF		COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS		
	DAY OF		YEAR
	NOTARY PUBLIC SIGNATURE		MY COMMISSION EXPIRES
NOTARY PUBLIC NAME (TYPED OR PRINTED)			USE RUBBER STAMP IN CLEAR AREA BELOW.

MO 650-0182N (8-07)

DMH 132



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH

**APPLICATION FOR 96 HOUR DETENTION, EVALUATION AND TREATMENT/
REHABILITATION OF A VOLUNTARY PATIENT REQUESTING RELEASE**

NO. _____

TO: _____
MENTAL HEALTH FACILITY/ALCOHOL OR DRUG ABUSE FACILITY

The applicant herein states the following:

1. The respondent is a voluntary patient who has requested h_____ release from _____
a mental health facility/alcohol or drug abuse facility.
2. The applicant is a _____ who may complete
this application pursuant to Sections 632.150 or 632.155, RSMo/Section 631.120 RSMo.
3. The head of the facility, _____, has
determined that _____ is mentally disordered/abuses alcohol or drugs
or both and as a result a likelihood of serious harm to h_____self or others and therefore has refused the patient's request for release.
4. The applicant herein states that _____ he has reason to believe that the respondent, _____
_____, age _____, birthdate _____, gender ☐ Male ☐ Female, who is presently
a patient at _____, a mental health/alcohol
or drug abuse facility is suffering from a mental disorder/abuses alcohol or drugs or both and presents a likelihood of serious harm to
h_____self or others and thus is in need of detention, evaluation and treatment in a mental health/alcohol or drug abuse facility. Such belief
is based upon facts derived from the applicant's personal observation and/or investigation.
5. The facts that support the applicant's belief that the respondent is mentally disordered/alcohol or drug abuser are:
6. The facts that support the applicant's belief that the respondent presents a likelihood of serious harm are:

Attached hereto and incorporated herein are the names and addresses of persons known to the applicant to have personal
knowledge of said facts.

WHEREFORE, the applicant requests the mental health/alcohol or drug abuse facility to admit _____
for detention, evaluation and treatment/rehabilitation for a period not to exceed 96 hours pursuant to Chapter 632 RSMo/Chapter 631,
RSMo.

APPLICANT			TELEPHONE	
STREET	CITY	COUNTY	STATE	ZIP CODE
NOTARY PUBLIC EMBOSSEY OR BLACK INK RUBBER STAMP SEAL	STATE OF		COUNTY (OR CITY OF ST. LOUIS)	
	SUBSCRIBED AND SWORN BEFORE ME, THIS		USE RUBBER STAMP IN CLEAR AREA BELOW.	
	DAY OF	YEAR		
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES		
NOTARY PUBLIC NAME (TYPED OR PRINTED)				

MO 650-0148N (8-07)

DMH 133



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH
LIST OF WITNESSES

NO.

IN THE CIRCUIT COURT OF _____ COUNTY, MISSOURI

PROBATE DIVISION

IN THE MATTER OF _____, RESPONDENT.

TO (ATTORNEY FOR RESPONDENT)

FOLLOWING ARE THE NAMES, ADDRESSES, AND TELEPHONE NUMBER OF PROSPECTIVE WITNESSES KNOWN TO THE APPLICANT/PETITIONER:

NAME	RELATIONSHIP	ADDRESS	PHONE

APPLICANT/PETITIONER	TITLE	
FACILITY		
ADDRESS		
CITY	STATE	ZIP
TELEPHONE		

MO 650-0152N (8-96)

DMH 137



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH

**AFFIDAVIT IN SUPPORT OF APPLICATION FOR DETENTION, EVALUATION
AND TREATMENT/REHABILITATION - ADMISSION FOR 96 HOURS**

IN THE MATTER OF _____, RESPONDENT,

A PERSON ALLEGED TO BE MENTALLY DISORDERED.

_____, HEREBY AFFIRMS AN OATH AS FOLLOWS:

(Describe the behavior which respondent exhibits which supports the conclusion that respondent is mentally disordered or an alcohol or drug abuser and presents a likelihood of serious harm to himself or others.)

NAME (SIGNATURE)			
STREET ADDRESS			
CITY	STATE	ZIP CODE	TELEPHONE
NOTARY PUBLIC EMBOSSEY OR BLACK INK RUBBER STAMP SEAL	STATE OF		COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS		USE RUBBER STAMP IN CLEAR AREA BELOW.
	DAY OF YEAR		
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
NOTARY PUBLIC NAME (TYPED OR PRINTED)			

MO 650-0173N (8-00)

DMH 142



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH
NOTICE OF RIGHTS OF INVOLUNTARY PATIENT

TO: _____, Respondent

You have been accepted by _____ for detention, evaluation and treatment because there is reasonable cause to believe that you suffer from a mental disorder or alcohol and drug abuse, and as a result, you present a likelihood of serious physical harm to yourself or others.

Unless you are released or voluntarily admit yourself within 96 hours of the initial detention:

1. You may be detained for 96 hours from the time of your initial detention to be evaluated and treated.

You were accepted at _____, _____ m., _____, 20 _____. Your 96 hours, excluding weekends and holidays, will end at _____, _____ m., _____, 20 _____.

2. Within the 96 hours, the head of the mental health facility/alcohol or drug abuse facility or the mental health coordinator may file a petition to have you detained for an additional twenty-one days/30 days, after a court hearing within two judicial days after the petition is filed.

3. _____, an attorney, located at _____, _____, _____, _____, telephone number _____ has been appointed who will represent you before and after the hearing and who will be notified as soon as possible. You also have the right to private counsel of your choosing at your own expense.

4. You have the right to communicate with counsel at all reasonable times and to have assistance in contacting such counsel.

5. The purpose of the evaluation is to determine whether you are mentally ill/alcohol or drug abuser and as a result present a likelihood of serious physical harm. Anything you say to personnel at the mental health facility/alcohol or drug abuse facility may be used in making that determination and may result in involuntary detention proceedings being filed against you and may be used at the court hearing.

6. You have the right to present evidence and to cross-examine witnesses who testify against you at the hearing.

7. During the period prior to being examined by a licensed physician, you may refuse medication unless you present an imminent likelihood of serious physical injury to yourself or others.

8. You have the right to refuse medication except for life-saving treatment beginning twenty-four hours prior to the hearing for a 21-day/30 day detention.

9. You have the right to request that the hearing be held in your county of residence if you are a resident of this state.

10. You have the right to request to have an interpreter assist you to communicate at the facility, during the hearing, or both, if you have impaired hearing or do not speak English.

11. If you have a court hearing, you will have the following rights:

- A. To be represented by an attorney.
- B. To present evidence on your own behalf.
- C. To cross-examine witnesses who testify against you.
- D. To remain silent.
- E. To view and copy all petitions and reports of your case in the court file.
- F. To have the hearing open or closed to the public, as you elect.
- G. To be proceeded against according to the rules of evidence applicable to civil judicial proceedings.
- H. A hearing before a jury, if requested.

12. If you request, the court shall appoint an available licensed physician or psychologist to examine you and testify in court if a petition for ninety days or one year or 180 days of outpatient commitment is filed.

I certify that a copy of the above **NOTICE OF RIGHTS OF INVOLUNTARY PATIENT** was given to

_____, on _____, 20 _____, at _____, _____ m.

NAME OF RESPONDENT
within three hours of h_____ acceptance to the mental health facility/alcohol or drug abuse facility. The patient either read the Rights in my presence or had it read to him. I answered the patient's questions and tried to explain what the patient did not understand.

NAME

TITLE